

## STRATA NW2040 AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR STRATA MAINTENANCE FEES

I/We hereby authorize Mountaingate Strata NW20040. (the payee) and the Bank of Nova Scotia to issue Pre Authorized Debits (the "PAD") drawn on the Account, for monthly strata maintenance fees for the Strata's fiscal year. In the event of a maintenance fee change approved at the annual AGM the difference will be retroactively applied/discounted to the next month's fee.

I/We may cancel the Authorization at any time upon providing written notice to the Payee. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. A sample cancelation form or further information on the right to cancel a PAD agreement is available by contacting your financial institution or visiting [www.cdnpay.ca](http://www.cdnpay.ca).

The Payee may issue a PAD once per calendar month in an amount up to a maximum of the monthly maintenance assessment for the Payor's strata lot approved for the fiscal year of the strata corporation in effect at the time the PAD was issued. The Payee will provide ten (10) days notice requesting to issue a PAD in full or partial payment of a billing received by me/us for any other payment obligation.

I/We may dispute a PAD for any debit on my account under the following options:

- the PAD was not drawn in accordance with the Authorization;
- the Authorization was revoked; or
- pre-notification, as required under Section 4 was not received.

I/We acknowledge that in order to be reimbursed a declaration to the effect that either (i), (ii) or (iii) took place, must be completed and presented to the branch of the Processing Institution holding the Account up to and including 90 calendar days after the date on which the PAD in dispute was posted to the Account. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I/We agree that the information contained in the Authorization may be disclosed to The Bank of Nova Scotia as required to complete any PAD transaction.

Bank Name		Bank Address	
Institution Number	Transit Number	Account Number	Personal Business
I/We have attached a preprinted specimen cheque with my/our name marked "VOID" to this payor authorization (the "Authorization") Yes			

I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the PAD.

I/We understand and accept the terms of participating in this PAD plan. I/we agree to change the standard period for advanced delivery of written confirmation of this PAD to three (3) days.

Name (first last – printed)	Signature	Date signed (YYYY/MM/DD)
Strata Unit Address	Strata Unit City/Province	Strata Postal Code